



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date April 13, 1977	1. Agency Address Georgia Department of Human Resources Division of Family and Children Services Program Unit - Room 212-H Trinity Avenue, S. W. Atlanta, Georgia 30334	Application Number <b>77-101</b>	
Application Number DHR-134		Date Received APR 12 1977	Date Completed APR 27 1977
2. Person to Contact Ms. Sonja January		Working Title Standards and Procedures Specialist	Telephone Number 656-4416
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. DHR State-Wide Application b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 8/1/75	5. Records Series Title (followed by title used in office, if different) (County Departments of Health and) EPSDT CLIENT APPOINTMENT FILES (Family and Children Services)		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Family and Children Services is responsible for administering, supervising, and regulating non-medical service programs directed to the indigent of the State. These services include the licensing of Day Care Centers; the placing of foster and adoptive children; and for providing counseling services in the areas pertaining to the delivery of community social services.  Program Unit is responsible for providing program support to social services delivered by County Departments of Family and Children Services, such as: program planning; legislation and budgetary support; policy and procedural development; program information to interested groups and individuals; and the training of staff for consultation in the following areas -- general and supportive services, family planning services, protective services, placement services, foster care services, adoption services, and adult services.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: scheduling appointments at County Health Departments for children eligible for Early Periodic Screening Diagnosis and Treatment (EPSDT).  Included are: form DCS/SSS-466 (Rev. 6-74) (DHR Division of Community Services Service Referral/Authorization/Delivery) which shows information as to Division client referred at the named County Health Department, address of Health Department, name and staff ID/Class No. of referring worker, name, address and telephone number of referring agency; name, address, telephone number, birthdate, sex, Social Security Number; referral date, appointment dates, service requested, and other information; form 521 (Fulton County Health Department EPSDT Control Record); and any other form used by County Health Departments to schedule appointments for clients eligible for EPSDT Program.  File is arranged: alphabetically by name of client; or, numerically by account number.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____ "SCREENING SCHEDULE INCLUDES ALL CHILDREN FROM BIRTH THROUGH TWENTY (20) YEARS. CHILDREN MAY ENTER THE SYSTEM AT ANY AGE."			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____ State-wide Program serves population of 292,000 estimated as eligible for Medicaid.			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.   |
| b. Statute of limitation | _____ years. | e. Administrative need            | 3 _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

see 4a - from "Changes in EPSDT Policies and Procedures"

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Form DCS/SSS-466 (Rev. 6-74) (or any other form used to schedule appointments for EPSDT Program)

- After two broken appointments -  
the County Health Department will send one copy of form 466 (or any other form used for scheduling appointment for EPSDT Screening Test) to DHR Division of Family and Children Services; place one copy of the form in the County Health Department's inactive file; cut off inactive file at end of each fiscal year; hold 3 years; then destroy.
- When appointment is kept and form DPH/HIS(2)-37 (Rev.7-76) (Georgia EPSDT Screen and Claim Form) has been filled out -  
destroy form 466 (or any other form used for scheduling appointment for EPSDT - These instructions apply to all prior and future accumulations of the series. /Screening Test)

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>George J. James</i>	4-13-77	<i>Elizabeth Crank</i> WMM	4/13/77
State Records Committee (Signature) Date			
State Auditor/Designee		<i>James Smith</i>	4-21-77
Secretary of State/Designee		<i>Canell Hart</i>	4-19-77
Attorney General/Designee		<i>Rehman Sheel</i>	4-22-77

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)